



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Hirai	Craig	K.	808.526.2020
MAILING ADDRESS (Street)			FAX
733 Bishop Street, Suite 2020			808.526.2021
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Bowen Hunsaker Hirai Consulting, Inc.			808.526.2020
MAILING ADDRESS (Street)			FAX
733 Bishop Street, Suite 2020			808.526.2021
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

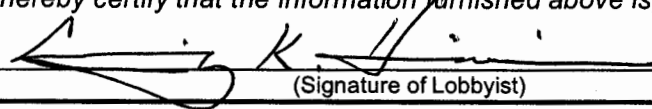
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Association of Realtors			808.733.7060
MAILING ADDRESS (Street)			FAX
1136 12th Avenue, Suite 220			808.737.4977
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96816	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Karen H. Iwamoto			808.733.7060 ext 108
MAILING ADDRESS (Street)			FAX
1136 12th Avenue, Suite 220			808.737.4977
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96816	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	<input checked="" type="checkbox"/> Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**


I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

**JAN 25 2005**

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Nicki Ann Thompson		Executive Vice President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Association of Realtors		808.733.7060 ext 101	
MAILING ADDRESS (Street)		FAX	
1136 12th Avenue, Suite 220		808.737.4977	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96816	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		<b>JAN 25 2005</b> (Date)	